



DENTAL COUNCIL
OF MAURITIUS

APPLICATION AS CPD PROVIDER FOR INSTITUTION

Application for approval as CPD Provider as per Section 5 of the Dental Council (Continuing Professional Development) Regulations 2016.

Name of Institution:

Address:

Phone number: Mobile number:

E-mail address:

Nature of activity:

BRN:

Declaration

I,the undersigned,
Officer in Charge/Secretary..... declare that the
information I have given are true and complete.

Signature and Seal

Date:

Documents to be submitted:

1. Photocopy of Registration Certificate (where applicable)
2. Recent proof of address
3. BR Certificate

For Office use

Recommended/Not recommended

Remarks:

CPD provider registration number: Date:

